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		Substitute	EE DETERMII for Form PTO-875	NATION	RECORI Decembe	D Someton uni	App	WHITE AND THE	A PRIMA
•	APPLICATION	0N AC 64 65				. 0. 2004		10/79	133
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FOR	1	11/050 5- 5-		ا لسن	0111110	CENTITY	OR	SMA	ALL ENTIT
BASIC FEE		IMBER FILED	NUMBER EXTR	U	RATE (\$)		1		
(37 CFR 1 16(4) (b) a	(63)	N/A	N/A			FEE (1)]	RATE (, · ~
SEARCHFEF			M/A.	1	NA	150.00	l	N/A	
137 CFR 1 16(N. H. or fe	יווי	N/A	N/A				l	N/A	. 300.
EXAMINATION EEE			, ,		N/A	\$250	·	N/A	
(37 CFR 1 1810). (p), or (a)).	N/A .	N/A			-			\$50
TOTAL CLAIMS					NVA	\$100		· N/A	200
37.CFR 1 16(1)	_ '	minus 20 ·	•		/4 0.0	-	•	14075	\$200
NDEPENDENT CLAIL	us .			/ /^	C\$ 25 .	1 1	OR	X\$50	
37 CFR 1 16(N))		minus 3 =	• •	75	(100	 	OK	7450	•
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EE .			plication size fee du		•	1. 1	- 4	•	
7 CFR 1 16(e))	1 4441110111	di DU Sheate a <i>e l</i>		-		1 1	· 1		- 1
	35 U.S.C	C. 41(a)(1)(C)	nd 37 CFR 1.16(s).	e		•	- 1		1.
n.Tibi e pena		- TANING BE	M 3/ CFH 1.16(s).			. 1	· 1		1 ` .
JUTIPLE DEPENDEN	IT CLAIM PRE	SENT DI CFR LI	8/m		180=		-	·	<u>· </u>
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the difference in colu	mn 1 is less the	an zero, entar mr i	e column a		- 1		L.	·	
			. country 2.		TOTAL			700.	
APPLIÇ	ATION AS /	AMENDED - F	DADTII	•				TOTAL	
	•		SULT III						5.
Total procestives independent procestives Application Size Fee	(37 CFR 1.16(1	Minus 3	FOR .	X\$ 2 X10		ADDI- TIONAL FEE (\$)	R X	RATE (\$)	ADDI- TIONAL FEE (S)
FIRST PRESENTATION	OF MULTIPLE D	DEPENDENT CLAIM	(37 CFR 1.16(II)	1 + 18	0=		-		
FIRST PRESENTATION	OF MULTIPLE D	DEPENDENT CLAIM	(37 CFR 1.16(I)	+18		OF	1	360=	-/
FIRST PRESENTATION	OF MULTIPLE D	DEPENDENT CLAIM	(37 CFR 1.16(II)	TOTAL		OF			
• • •			•	J		OR OR	TO	TAL	
(Co	luma 1)	. (Colum	an 2) (Caluma a)	TOTAL		•	TO		
(Co	lumn 1) LAIMS	. (Colum	nn 2) (Column 3)	TOTAL		•	TO	TAL	
(Co Ci REN A	lumn 1) LAIMS MAINING FTER	. (Colum HIGHE: NUMBE	nn 2) (Column 3) ST ER PRESENT	TOTAL	FEE	OR	TO	TAL D'L FEE	
(Co Ci REN A AMEI	lumn 1) LAIMS MAINING	. (Colum HIGHE: NUMBE PREVIOU	nn 2) (Column 3) ST PRESENT	TOTAL	FEE	OR	TO	TAL	xb vi
(Co Ci REM A AMEI	lumn 1) LAIMS IAINING FTER . NOMENT	. (Colum HIGHE: NUMBE	nn 2) (Column 3) ST ER PRESENT SLY EXTRA	TOTAL	FEE (3)	OR DDI- ONAL	TO	TAL D'L FEE	ADOI-
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(Co CC REN A AME! Total prore.t.ta(ii)	lumn 1) LAIMS MAINING FTER. NOMENT Mi	(Colum HIGHE: NUMBE PREVIOU PAID FC inus	nn 2) (Column 3) ST FR PRESENT EXTRA	TOTAL	(S) A	DDI- ONAL E (5)	TOT ADD	ATE (\$)	ADOI-
(Co REA AME! Total profer 1.10(1) ndependent profer 1.19(1))	ALAIMS AAINING FTER. NOMENT Mi Mi 7 CFR 1.16(s))	(Colum HIGHES NUMBE PREVIOU PAID FC	nn 2) (Column 3) ST PRESENT EXTRA PR	TOTAL ADD'L RATE X\$ 25	(S) A	ORI DDI- ONAL SE (3)	RA X\$5	ATE (\$)	ADOI-
(Co REA AME! Total profer 1.10(1) ndependent profer 1.19(1))	ALAIMS AAINING FTER. NOMENT Mi Mi 7 CFR 1.16(s))	(Colum HIGHES NUMBE PREVIOU PAID FC	nn 2) (Column 3) ST PRESENT EXTRA PR	RATE X\$ 25 X100	(S) A	DDI- ONAL E (5)	RAX	ATE (\$)	ADOI-
(Co REA AME! Total 37 CFR 1.18(1)) Independent 17 CFR 1.18(1)) pplication Size Fee (3	ALAIMS AAINING FTER. NOMENT Mi Mi 7 CFR 1.16(s))	(Colum HIGHES NUMBE PREVIOU PAID FC	nn 2) (Column 3) ST PRESENT EXTRA PR	TOTAL ADD'L RATE X\$ 25	(S) A	DDI- OHAL EE (5) OR OR	RAX	ATE (\$)	ADOI-
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Total	ALAIMS MAINING FTER. NOMENT Mi Mi 7 CFR 1.16(s))	(Columnia (Colum	OT CFR 1.16@)	TOTAL ADDI FE	(S) A THE FE	ORIODI- ONAL EE (5) OR OR	RA X\$5 X20 +36	TAL D'L FEE ATE (\$) O - O - O - O - O - O - O - O	ADOI-
Total AME! Total T	Iumn 1) LAIMS MAINING FTER. NOMENT MI 7 CFR 1.16(s)) FMULTIPLE DEP	(Columnia (Colum	OT CFR 1.16(II)	TOTAL ADDL FE	(S) A THE FE	DDI- OHAL EE (5) OR OR	RA X\$5 X20	TAL D'L FEE ATE (\$) O - O - O - O - O - O - O - O	ADOI-
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is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piocess) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 17 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.